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I am tenured Associate Professor of Mass Communication currently serving as a Visiting Professor at California State University, Chico, California. I received my Ph.D. from the University of Texas in 1981. I have taught and conducted research on mass media messages and audiences for over twenty years. I am familiar with the findings and methods of the research literature in this field, including research on advertising messages and consumer behavior. I am a member of numerous professional associations, including the American Academy of Advertising, the American Marketing Association, and the Association for Consumer Research.

#### Response Summary

My knowledge of the literature on advertising and consumer behavior leads me to reject the underlying assumptions and beliefs leading to the conclusion that restricting tobacco advertising and promotions will accomplish the goal of reducing use of and access to tobacco products on the part of children and adolescents. Much of the advertising and marketing literature cited to support the FDA proposed regulations is misleading, misinterpreted, or contradicted by other credible research studies. An examination of the social science research literature demonstrates that claims leading to the FDA's proposed ruling cannot be supported. It is highly unlikely that the FDA's proposed remedies will reduce underage smoking. The restrictions on commercial speech are not justifiable. Consider the findings in seven areas of research.

#### Interpersonal Influences

Numerous social science research studies performed over the past 50 years have consistently shown interpersonal behaviors and opinions influence young people to start smoking -- not advertising. Both adult and teen smokers were recently asked in surveys by the Gallup organization to identify factors influencing their decision to start smoking. Their responses identified peers, friends, parents, and older siblings as the dominate influences (Larsen and Colsher, 1994). Not one smoker in either survey mentioned cigarette advertising or promotion as a factor. Results showing that attitudes and behaviors of interpersonal sources serve as primary reasons for why people say they smoke are consistent with conclusions drawn from research world wide (Aaro et al. 1986; Boddewyn, 1994, US Department of Health, 1989).

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### Failure of Previous Restrictions

Previous attempts to restrict tobacco advertising and promotions have not been effective in reducing underage smoking. Several countries have imposed limited or total bans for many years. Overall figures for the number of smokers in some of these countries have not declined, and smoking by minors has actually increased (Boddewyn, 1994; Rimpela, 1992, Rimpela et al., 1987).

In contrast, overall figures for the number of smokers in countries where tobacco advertising and promotion is allowed have been on the decline. This is the case in the US. Boddewyn's study is a rigorous review of the effects of tobacco restriction and prohibition in various countries. He concludes that a ban or restriction on tobacco advertising cannot be expected to result in reduced smoking among either adults or youths.

Furthermore, the experience of banning cigarette advertising from the broadcast media in this country in 1971 should also serve to illustrate the ineffectiveness of FDA's currently proposed advertising restrictions. Amid claims that advertising for cigarettes on television was causing teenagers to begin smoking, cigarette advertising was banned from the airways twenty-five years ago. Despite this Draconian remedy, underage youth smoking continues to be a problem. Our experience with the ineffectiveness of a broadcast ban on cigarette advertising should go a long way toward convincing the FDA that its current proposal will be similarly ineffective.

### Complexities of Consumer Decision-Making Process

Post World War II product and brand surpluses forced manufacturers to more carefully consider consumer decision-making processes -- with corresponding development of academic models and theories. The first models during this time examined very few factors from within a single academic discipline. One, from the field of microeconomics, attempted to explain all consumer behavior as a compromise between the utility of a purchase and its cost. Other models were based in psychoanalytic theory (Dichter, 1964) or focused on consumer perceptions of risk (Cox, 1967). These models were rejected because they failed to adequately account for the complexities inherent in consumer behavior.

Experts in consumer behavior have developed more complex, multidisciplinary models to better reflect the myriad of factors influencing consumption-related behaviors. These models

(Nicosia, 1966; Howard and Ostlund, 1973; Engel, Kollat, and Blackwell, 1978) include dozens of complex factors in an attempt to explain consumer behavior. As a result, it is now clear that the consumer decision-making process is the extremely complicated result of a number of different factors. Personality, culture, family, attitudes, memory, media, peers, reference groups, lifestyle, needs, motivations, norms, circumstances and many other factors interact to influence consumer behavior.

#### Role of Advertising in Consumer Decision-Making Process

Advertising and promotion is just one element within the category of media factors (along with entertainment, news and information, public service messages, etc.) which can work to influence a consumer's decision. Advertising's importance in this process is grossly over-estimated as it is only one element in the complex consumer decision-making process. Research has shown that most advertising has a very limited effect. In the average day, the typical consumer is exposed to 300 to 600 advertisements (Britt, Adams, and Miller, 1972). Only about 76 of these advertisements are actually perceived by consumers and as few as 12 are actually remembered (Bauer and Greyser, 1968). Based on such data, the average person remembers less than three of every 100 advertisements to which they are exposed. Low advertising -message recall is due to advertising clutter. "Most people only give advertising their divided attention. A few ads may break through and received some kind of concentration, but that is very rare. At best an ad gets half the mind and one eye" (Wells, Burnett, and Moriarity, 1989, p. 191).

Advertising is unlikely to play as important a role in consumer-related behavior compared to other decision-making factors -- even when it is attended to and remembered. Direct experience, peers, family and other interpersonal sources all play a larger role in consumer decision making than advertising (Arndt and May, 1981). Among the most important reasons for this is the concept of source credibility. Advertising is seen as having less credibility compared to other influences. Advertising is also less able to tailor messages to the individual consumer (McGuire, 1969; Shiffman and Kanuk, 1991). Peers and parents are recognized as the most important sources of influence for children and adolescents (Moschis, 1987). Peers are particularly important in influencing adolescent purchase decisions when the product is relevant to peer acceptance (Moschis and Moore, 1979).

Advertising represents only one aspect of many which influence the complex process of consumer decision making and

research demonstrates it to be of far less importance than other factors. To assume that advertising is the single factor that could lead to a change in adolescent behavior is unfounded.

#### Advertising Expenditures and Consumption Behavior

The FDA's proposed regulation implies that the amount of money spent on tobacco advertising and promotion increases the number of people who smoke. In contrast, the majority of studies that have examined the relationship between the amount of money spent on advertising and demand for a product have concluded otherwise. There is no relationship between advertising and consumption for products that have passed the introductory phase of market cycles (FTC, 1985). Specific to tobacco advertising and smoking, the Federal Trade Commission (1985) concluded, "Most of the large number of studies of cigarette company advertising have found little or no effect of changes in total advertising on total consumption."

The FDA proposal frequently confuses the impact of advertising and promotion on brand choice with its impact on overall demand for a product category. These are very important differences. Tobacco advertising and promotion do not influence non-smokers. They may influence tobacco brand choice on the part of current smokers.

#### Cigarette Advertising - Primary Function

The primary goal of tobacco advertising and promotion is to keep current customers brand loyal. Preserving market share of brand is essential in a highly competitively marketplace where more than 300 different brands of cigarettes compete for smoker loyalty. A secondary goal of cigarette advertising and promotion is to influence smokers who are looking to switch brands. Most smokers are brand loyal, but each year a number of smokers try different brands on a routine or occasional basis.

Most models of consumer behavior found in the literature assume that the decision to use a product precedes brand choice a highly reasonable assumption. The decision to use a product makes consumers more aware of the brands within that product category. A person who has decided to smoke pays more attention to what other people are smoking and what cigarette brands are being advertised. That person is likely to select a cigarette brand from within the range of choices encountered via interpersonal and advertising influences. Therefore, it is not surprising that underage persons who have decided to smoke are more homogeneous in terms of brand selection when compared to

adults. Adults have more heterogeneous sources of interpersonal influence, they have had a longer period to learn about and try alternative cigarette brands, and they are likely aware of a greater range of advertised brands.

#### Brand Awareness Versus Product Use

The FDA also justifies its proposed advertising restrictions on the claim that children have high awareness of cigarette brands and the purported images associated with cigarette advertising.

Fundamentally important is the recognition that advertising awareness or recall does not mean that a person will use the product or brand. Research has shown that children are aware of many brands for adult products (Fisher et al., 1991; Henke, 1994). An early television study incorporating free-recall methodology Brumbaugh (1954) showed that children most commonly recalled products advertised to adults. Children have been shown to recognize advertising for adult products as early as the second grade (Belk Bahn, and Mayer, 1982). However, awareness does not translate into using or even wanting such adult products. Children have been shown to recognize advertising for adult products as early as the second grade (Belk, Bahn, and Mayer, 1982). However, awareness does not translate into using or even wanting such adult products. Children are able to recognize that certain products are inappropriate for them and can resist advertising appeals for these items (Esserman, 1981; Henke, 1994). By the time children reach adolescence, skepticism toward advertising is high; "adolescents are perhaps already about as mistrustful of advertising as they can reasonably be" (Boush, Friestad, and Rose, 1994). Adolescents are not in need of FDA proposed rules or regulations to protect them from advertising appeals.

#### Adolescent Skepticism Toward Cigarette Advertising

The claims that adolescents are particularly vulnerable to imagery found in cigarette advertising as well as in perceptions of the prevalence of smoking are contradicted by research findings. If, as argued, cigarette advertising and promotion associate positive images of smoking and smokers in order to increase the number of smokers, then research should show adolescents to have positive images of smoking and smokers. In contrast, research has generally found that teenagers hold more negative than positive views toward smoking and smokers. Barton et al. (1982) showed sixth and tenth graders pictures of people with or without a cigarette. Students were then asked to rate

the people in the pictures given 12 different adjective descriptions. Both sixth and tenth graders rated those people pictured with a cigarette as: less healthy, less wise, less good, less obedient, trying to act older, tougher, liking to be with a group more, and more likely to drink. In addition, the sixth graders rated the pictures of the smoker as less likely to do well in school, more interested in the opposite sex, and less desirable as a friend. Descriptive attributed such as less healthy, less wise, less good and less desirable as a friend are clearly negative images of smokers.

A more recent study in Australia had adolescents indicate their level of agreement given six statements about smoking. These included statement that smoking is "attractive, popular, and/or sexy", "fun and makes you happy", "a sign of independence", "stylish", "a mark of professional success", and "a mark of social distinction" (Ho, 1994). The mean score for each statement fell into the disagree side of the scale. Adolescents are not confused or misled by the images in cigarette advertising.

#### Tobacco Advertising and Smoking Estimates

Finally, the FDA also cites literature suggesting that overestimating the prevalence of smoking is associated with smoking behavior -- that the decision to begin smoking is influenced by an overestimation of the numbers of smokers as a function of the very presence of tobacco advertising. However, what is not clear is how tobacco advertising and promotion should influence smoking estimates on the part of some people who later become smokers and not other people who never smoke is never made clear. Demonstrating a relationship between overestimating the number of smokers and being a smoker does not mean that this misperception caused a person to start smoking or that tobacco advertising influenced this behavior. One study has examined different reasons for why this relationship might occur. The study concluded that overestimating the number of people who smoke did not cause people to begin to smoke (Sherman et al., 1983). These results contradict the claim that advertising causes smoking by creating misleading estimates of its prevalence.

**Conclusion:** The FDA's proposal to restrict the advertising and promotion of tobacco products is based on erroneous conclusions drawn from research studies of questionable value. If the FDA had relied on the sound social science research cited herein, it would realize that its proposed restrictions are not warranted and, in any event, will not be effective in reducing underage smoking.

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